

March 13, 2013
CERTIFIED MAIL 7007 1490 0003 4202 1761

Administrator
Olympic Place Retirement and Assisted Living Community
3220 State Street, Suite 200
Salem, OR 97301

Assisted Living Facility License#1712
Licensee: Olympic Place Retirement and Assist

IMPOSITION OF CONDITIONS ON A LICENSE
IMPOSITION OF CIVIL FINE

Dear Administrator:

This letter constitutes formal notice of the imposition of conditions on a license and imposition of a civil fine for your assisted living facility, located at **20909 Olympic Place, Arlington**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The imposition of civil fine to your assisted living facility, are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on February 21, 2013.

WAC 388-78A-2120(1)(2)(a)(b)(3)(a)(b)(4) Monitoring residents' well-being. **\$100.00**

The facility failed to ensure they identified physical changes, evaluated the changes and took appropriate action when one resident had a fall with significant injury.

WAC 388-78A-2210(1)(b)(2)(a) Medication services. **\$100.00 per resident**
x 16 residents = \$1,600.00

The facility failed to ensure a safe medication system for sixteen residents.

WAC 388-78A-2700(2)(c)(i)(ii) Safety measures and disaster preparedness. **\$100.00**

The facility failed to investigate and document their investigate actions when one resident had accidents that affected her health.

The imposition of conditions on a license, are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on February 21, 2013.

WAC 388-78A-2610(1)(2)(a)(b)(c)(d)(e)(f)Infection Control.

The facility did not ensure they instituted appropriate infection control practices and did not ensure they followed the instructions of the Health Department when the outbreak of an infectious disease was found in the facility.

The department, based on the findings of the inspection, has determined that the following condition shall be placed on your license:

- *The facility must hire at their own expense a consultant familiar with infection control procedures to assist the facility in developing and implementing an infection control policy for communicable diseases.*
- *The consultant will ensure all staff are trained;*
- *The facility will supply the consultant a copy of the February 21, 2013 Statement of Deficiencies;*
- *The consultant will be available to the department to answer questions;*
- *The consultant must be hired by March 18, 2013;*
- *The Licensee must post the Notice of Conditions of Operation in the assisted living facility in a location accessible to residents and visitors.*

You may contest the imposition of conditions on license and the civil fine to your home by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies report must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98507-2489**

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$1,800.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Lynne Dasher, Field Manager
District 2, Unit A
3906 172nd St NE
Arlington, WA 98223
Phone: (360) 651-6863 / Fax: (360) 651-6940

If you have any questions, please call Lynne Dasher at (360) 651-6863.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 2, Unit A
RCS District Administrator – District 2
HCS Regional Administrator – Region 2
DDD Regional Administrator – Region 2
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA- Sno
Medicaid Fraud Control Unit
Judi Plesha, HCS
Central Files
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